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N THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent No..... 6,781,189 B2
Patent Issue Date..... August 24, 2004
Application Serial No..... 10/056,179
Filing Date January 22, 2002
Assignee..... Micron Technology, Inc.
Inventorship Theodore M. Taylor
Attorney's Docket No..... MI22-1824
Title: Floating Gate Transistor With STI

REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT FOR
APPLICANT MISTAKE and PTO MISTAKES (37 C.F.R. §§ 1.322(a) and 1.323)

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 Certificate
ATTN: Decision and Certificate of Correction
Branch of the Patent Issue Division JAN 14 2005
From: Mark S. Matkin (Tel. 509-624-4276; Fax 509-838-3424)
Wells St. John P.S.
601 W. First Avenue, Suite 1300
Spokane, WA 99201-3828
of Correction

Sir:

It is hereby requested that a Certificate of Correction be issued with respect to Patent No. 6,781,189 B2, granted August 24, 2004, in accordance with the Certificate of Correction form attached hereto in duplicate.

It is noted that an error appears in this patent of a typographical nature of character, as more fully described below. The error occurred in good faith. Correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination.

01/11/2005 SSESH1 00000036 6781189

01 FC:1811

100.00 0P

The other error listed on the Certificate of Correction form were apparently incurred through the fault of the PTO as will be disclosed by the records of files in the Office.

Attached hereto, in duplicate, is Form PTO-1050, with at least one copy being suitable for printing.

The exact page and line number where the error occurs in the application file are:

Page 12, paragraph 27, line 3.

Enclosed is a check in the amount of \$100.00, as required by 37 CFR 1.20(a).

Respectfully submitted,

Dated: 1/4/04

By: 
Mark S. Matkin
Reg. No. 32,268



PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/056,179

Filing Date January 22, 2002

First Named Inventor Theodore M. Taylor

Art Unit 2814

Examiner Name L. Pham

Attorney Docket Number MI22-1824

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Receipt Postcard; Certificate of Correction(2)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="text"/> Remarks Additional Enclosures: Request for Certificate of Correction; A \$100.00 Check Patent No.: 6,781,189 B2 Issued: August 24, 2004		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Mark S. Matkin, Reg. No. 32,268
Wells St. John, P.S.

Signature

Date 1/4/2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

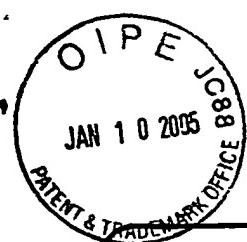
1-4-2005Typed or printed Natalie King

Signature

Date 1/4/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **100.00**

Complete if Known

Application Number	10/056,179
Filing Date	January 22, 2002
First Named Inventor	Theodore M. Taylor
Examiner Name	2814
Art Unit	L: Pham
Attorney Docket No.	MI 22-1824

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order

Deposit Account None

Deposit Account **Wells St. John, P.S.**

Deposit Account **23-0925**

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- Credit any overpayments

to the above-identified deposit account.

Other (please identify): _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING FEE

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

Subtotal (1) \$

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims Extra Claims Fee (\$) **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____
HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$) **Fee Paid (\$)**

Subtotal (2) \$

3. OTHER FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stat. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: <u>Certificate of Correction</u>		100.00	

Subtotal (3) \$ 100.00

SUBMITTED BY

Signature	Registration No. (Attorney/Agent) 32,268	Telephone 509-624-4276
Name (Print/Type) Mark S. Matkin	Date 1/10/05	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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19 JAN 2005

JAN 10 2005

PTO/SB/17 (11-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL For FY 2005

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Complete if Known

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Filing Date	January 22, 2002
First Named Inventor	Theodore M. Taylor
Examiner Name	2814
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Check Credit Card Money Order

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FEE CALCULATION (continued)

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- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3		
Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

Subtotal (2) \$

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Subtotal (3) \$ 100.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 32,268	Telephone 509-624-4276
Name (Print/Type)	Mark S. Matkin	Date	

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

19 JAN 2005

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

PATENT NO. : 6,781, 189 B2

DATED : August 24, 2004

INVENTOR(S) : Theodore M. Taylor

It is certified that errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Title Page, OTHER PUBLICATIONS", please delete "Falsh" after "256Mbit" of the Shirai reference and insert --Flash--.

Col. 4, line 36, please delete "processes" after "oxidation" and insert --process--.

Page
1 of 1

Mailing Address of Sender: Mark S. Matkin Wells St. John P.S. 601 West First Avenue, Suite 1300 Spokane, WA 99201-3828	Patent No. <u>6,781,189 B2</u>
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UNITED STATES PATENT AND TRADEMARK OFFICE
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